

Commission To Evaluate The Effectiveness and
Future Of The
Premium Assistance Program

Members Present: Senator Bradley, Senator Feltes, Senator Carson, Representative Karen Umberger, Representative Schmidt, John Cornell, Dr. Travis Harker, Stephanie Wolf-Rosenblum, Jennifer Patterson, Lisa Guertin, Deb Fournier

A motion to accept the minutes of the September 13, 2017 was made by Rep Umberger and seconded by Richard Cornell. Approved.

Senator Bradley had to cancel the next meeting which was scheduled for September 20th. The next meeting will be on September 27th. Notice will be given if this meeting also has to be canceled.

Senator Bradley outlined several areas that he thought were pertinent to finalizing our report.

- The risk pool might be separated into two risk pools as the calim profile for PAP recipients is different than those in the individual market place
- Should we go to MCO's only vs the current structure where medically frail are managed by MCO's and the remainder go into the PAP program
- Can we define incentives and disincentives to lower the cost associated with the many emergence room visits for folks on the PAP program
- Is there a way to keep folks on the program and reduce the churn
- Platinum plan vs Silver plan
- Reduce impact on the individual market place
- Funding

Lisa Guertin spoke first on the implications of splitting the risk pool

- Claim profile for PAP different
- How do we spread the costs
- Individual market is a rather small base
- Characteristics of PAP recipients and Medicaid the same
- Loss of premium tax
- PAP allows for continuity of care if income goes above 138% as they can move to the individual market with no problem

Jennifer Patterson indicated there may be some legal constraints and an 1115 waiver might be required. MCOs are HOMs governed by Medicaid laws

Rep Schmidt the majority of the PAP recipients are not submitting claims and the medically frail are already on Medicaid.

We then had a discussion on the medically frail. In NH each individual self identifies whether or not they are medically frail. Basically the question is asked if they need assistance with daily living. Arkansas has a tool that they use to identify which recipients are considered medically frail.

We tasked DHHS to look at the Arkansas model and determine if it would change the number of self-identified medically frail.

We tasked the PAP providers to determine if there are currently medically frail in the PAP program. They would also use the Arkansas model.

The question was asked if there are incentives associated with the PAP population to try to get them to see doctors rather than end up in the emergency room. The providers assured us there were. They also have basically started a case management program for these individuals.

Other states have healthy behavior programs, for example Indiana has it as part of their Medicaid program.

For emergency room use there is no co-pay for folks using Medicaid. The PAP charges a co-pay if it is appropriate based on income.

The costs for people in the individual market place have risen because of the PAP population.

We requested an average cost of emergency room usage from both DHHS and the private insurers.

Maybe the private insurers could provide incentives for going to non-emergency care.

Christine Stoddard from the Community Health System was asked about reimbursement for diverting folks from emergency room service.

Incentives/case management waiver is an 1132 waiver required and if so what would it consist of?

The representative from Ambetter will provide information on what Congress is discussing concerning block grants.

Can the base in the individual market be broadened to help offset the rate increases?

Sen Bradley, Rep Schmidt and Rep Umberger will attempt to get a better understanding of uncompensated care.

The meeting adjourned at 2:45.

Representative Karen Umberger

Clerk

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